

Case Requirements

(The clinician must send to their MCENTER)

- A. A folder containing the DICOM files of the patient's CBCT scan, performed as per MCENTER protocol.
- B. An STL¹ model of the patient's current oral anatomy, performed as per MCENTER protocol.
- C. A Wax-Up STL¹ model of the patient's planned prosthetic solution, performed as per MCENTER protocol.
- D. This form completed and signed by the clinician.

¹ Stone models will be accepted as well.

Please send to: MCENTER USA
18-00 Fair Lawn Ave, Fair Lawn NJ 07410, USA

[Click here](#) for MGUIDE Protocol

[Click here](#) for MGUIDE Protocol for CBCT Radiographic Scan
(includes edentulous cases)

Clinician Information

Dr. Name

Address (Street, City, State, Zip Code)

.....

.....

Telephone

E-mail Address

Order Date

Surgery Date

Patient Information

Patient Name

Date of Birth

1. Instruction Chart

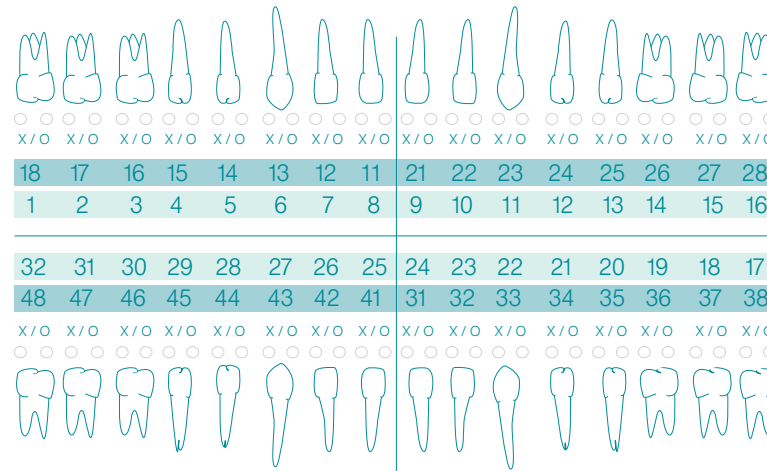
Please indicate the tooth extraction site(s) and the desired implant site(s)

Please mark:

X Tooth Extraction Site

O Implant Position

■ FDI ■ ADA



The diagram shows two dental arches with tooth numbers 1-16 (upper) and 17-32 (lower) for the ADA system, and 18-31 (upper) and 32-47 (lower) for the FDI system. Circles above each tooth indicate extraction (X) or implant (O) sites. A legend indicates that a solid square represents FDI and an open square represents ADA.

2. Implant Location

Tooth Number		Implant Type	Diameter	Length
FDI	ADA			
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Additional Indications

Flapless Procedure

Raised Flap Procedure

4. Additional Case Notes

Warranty & Liability

MIS Warranty:

MIS exercises great care and effort in maintaining the superior quality of its products. All MIS products are guaranteed to be free from defects in material and workmanship. However, should a customer find fault with any MIS product after using it according to the directions, the defective product will be replaced.

Liability

In no event shall MIS be liable for indirect or consequential damages. The products furnished by MIS are not intended to be used to determine diagnosis, prognosis, or a course of treatment. Neither the products or any information made available by MIS are intended to replace the services of a trained professional or to be a substitute for medical advice by physicians. MIS makes no representations or warranties with respect to the products regarding treatment, action, or application of medication.

Cancellation Policy: If a case is cancelled after case planning has occurred, a cancellation fee equal to 50% of the cost of the MGUIDE will be incurred.

Please allow 10 business days for MCENTER planning and manufacturing. Expedited service is available to reduce planning and manufacturing time to 7 business days or less for a fee equal to 20% of the MGUIDE.

QUESTIONS²:

Contact us: phone 201-710-6236
mcenterusa@misimplants.com
www.mcenterusa.com

Signature² (required)

² Completing this field is equivalent to your signature on this document